



APPLICATION FOR APPOINTMENT CITY OF FRANKLIN SCHOOL BOARD

The undersigned does hereby apply to Franklin City Council for appointment to the Franklin City School Board – **Ward 2 __ Ward 5 __**

Name: _____
(last) (first) (middle)

Home Address: _____
street/number city/zip

Home Telephone Number: _____

Home Email Address: _____

What is your gender (For diversity purposes only)? Male ____ Female ____

What is your ethnicity (For diversity purposes only)? _____

Are you over the age of 18: yes ____ no ____

Are you a resident of the City of Franklin: yes ____ no ____

Years at Present Address: _____

Present employment position: _____

Employer: _____

Date employed: _____

Business Address: _____
street/number city/zip

Business Telephone Number: _____

Business Email: _____

Education: _____

Have you been a student, employee, or officer in the City of Franklin School system? If so, please explain: _____

Do you have any relatives employed by the Franklin City Public Schools?

Have you ever filed a claim against the City of Franklin or City of Franklin School Board?

Civic activities: _____

(office(s) held, honors, etc.)

Availability of time to devote to this function: _____

List school related activities: _____

List previous experience and special abilities which might qualify you for this appointment: _____

State your philosophy of education:

(Complete this portion only if you are currently a member of the Franklin City School Board.)

List your major accomplishments, including local committee work and interest in state and national education:

(Criminal Record and Child Protective Services Information)

Have you ever been convicted of a law violation, including moving traffic violations, since your 18th birthday? _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of a misdemeanor involving moral turpitude (any offense involving lying, stealing, or cheating) since your 18th birthday?

Have you ever been convicted of any offense involving a sexual molestation, physical or sexual abuse or rape of a child, or any offense against an adult?

Are there any criminal charges or proceedings pending against you?

Have there ever been any “founded”, probably “founded”, or “reason to suspect” finding against you involving the physical or sexual abuse or neglect of a child?

Signature of Applicant

Date

Please be aware that this application will be open to public viewing.

NOTE: Deadline for receipt of applications is May 15, 2025 by 5:00 PM.

PLEASE E-MAIL OR HAND DELIVER TO:

**City of Franklin Administration Office
ATTN: Kimberly Turner, Executive Assistant
207 W. Second Avenue
2nd Floor
Franklin, VA. 23851**